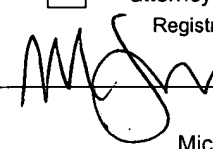




Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		<b>Docket Number (Optional)</b> 01034/100F810-US2																									
<b>Application Number</b> 10/071,900-Conf. #2710		<b>Filed</b> February 8, 2002																									
<b>For</b> ALZHEIMER'S RELATED PROTEINS AND METHODS OF USE																											
<b>Art Unit</b> 1653		<b>Examiner</b> K. C. Carlson																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1" style="width:100%"><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$110.00</td><td>\$55.00</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$430.00</td><td>\$215.00</td><td>\$ 430.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$980.00</td><td>\$490.00</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1,530.00</td><td>\$765.00</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2,080.00</td><td>\$1,040.00</td><td>\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>54,479</u> .</p> <div style="display: flex; justify-content: space-between;"><div> _____ Signature Michael J. Sullivan _____ Typed or printed name</div><div>_____ November 29, 2004 Date _____ (212) 527-7700 Telephone Number</div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$ 430.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$
	<u>Fee</u>	<u>Small Entity Fee</u>																									
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$																								
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$																								
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$																								

<b>Express Mail Label No.</b> _____	<b>Dated:</b> _____
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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
TOTAL AMOUNT OF PAYMENT		Application Number	10/071,900-Conf. #2710
(\$)		Filing Date	February 8, 2002
430.00		First Named Inventor	Peter H. St. George-Hyslop
		Examiner Name	K. C. Carlson
		Art Unit	1653
		Attorney Docket No.	01034/100F810-US2

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other <input type="checkbox"/> None	<b>3. ADDITIONAL FEES</b>			
<input type="checkbox"/> Deposit Account: Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.							
<input type="checkbox"/> The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING FEE</b>							
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	790	2001	395	1051	130	Utility filing fee	
1002	350	2002	175	1052	50	Design filing fee	
1003	550	2003	275	1053	130	Plant filing fee	
1004	790	2004	395	1812	2,520	Reissue filing fee	
1005	160	2005	80	1804	920*	Provisional filing fee	
SUBTOTAL (1) (\$)				430.00			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>							
Total Claims	17	-20** =					
Independent Claims	2	-3** =					
Multiple Dependent							
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	1251	110	Claims in excess of 20	
1201	88	2201	44	1252	430	Independent claims in excess of 3	
1203	300	2203	150	1253	980	Multiple dependent claim, if not paid	
1204	88	2204	44	1254	1,530	** Reissue independent claims over original patent	
1205	18	2205	9	1255	2,080	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)				0.00			
**or number previously paid, if greater; For Reissues, see above							
				<b>Other fee (specify)</b>			
				*Reduced by Basic Filing Fee Paid			
				SUBTOTAL (3) (\$)			
				430.00			

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Michael J. Sullivan	Registration No. (Attorney/Agent)	54,479
Signature		Telephone	(212) 527-7700
		Date	November 29, 2004

Express Mail Label No.

Dated: \_\_\_\_\_